

Travis Eiva, OSB No. 052440
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of Attorneys for Plaintiff

**IN THE UNITED STATES DISTRICT COURT
DISTRICT OF OREGON**

TRAVIS BATTEN,

Plaintiff,

vs.

STATE FARM MUTUAL
AUTOMOBILE INSURANCE
COMPANY,

Defendant.

Case No. 3:19-cv-01200-MC

Consolidated with:
Case No. 1:18-cv-00676-MC

**DECLARATION OF TRAVIS EIVA IN
SUPPORT OF PLAINTIFF'S MOTION
FOR PARTIAL SUMMARY
JUDGMENT**

I, Travis Eiva, do hereby state as follows:

1. I make this Declaration in support of Plaintiff's Motion for Partial Summary Judgment.
2. Attached as Exhibit 1 to this Declaration is a true and correct copy of the Declarations Page for State Farm Policy No. 110 5075-C11-37A issued to Travis R. Batten, that was in full force and effect on October 31, 2017 (the day of the subject collision).

3. Attached as Exhibit 2 to this Declaration is a true and correct copy of the Declarations Page for State Farm Policy No. 065 0652-F10-37C issued to Travis R. Batten, that was in full force and effect on October 31, 2017.

4. Attached as Exhibit 3 to this Declaration is a true and correct copy of the Declarations Page for State Farm Policy No. 274 2245-A12-37E issued to Travis R. Batten, that was in full force and effect on October 31, 2017.

I HEREBY DECLARE THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND IT IS MADE FOR USE AS EVIDENCE IN COURT AND IS SUBJECT TO PENALTY FOR PERJURY.

DATE: January 31, 2020.

ZEMPER EIVA LAW LLC

/s/Travis Eiva
Travis Eiva, OSB No. 052440

State Farm Mutual Automobile Insurance Company
PO Box 5000
DuPont, WA 98327-5000

65610-1-A

MUTL VOL

DECLARATIONS PAGE

NAMED INSURED
AT2 000770 0058
BATTEN, TRAVIS R
405 CREEL RD
TALENT OR 97540-9622

37-2134-1 A A

POLICY NUMBER 110 5075-C11-37A
POLICY PERIOD OCT 06 2017 to MAR 11 2018
12:01 A.M. Standard Time

STATE FARM PAYMENT PLAN NUMBER
0195078015

AGENT
RORY WOLD INSURANCE AGENCY INC
2019 AERO WAY STE 101
MEDFORD, OR 97504-9789

PHONE: (541)773-1404 or (541)773-1423

**DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSURE D.**

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
1985	TOYOTA	XTRA CAB	PICKUP	JT4RN66D3F5057813	603H50M000

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A P2	Combined Premium	\$109.94
A	Liability Coverage	
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$250,000 \$500,000	
	Property Damage Limit	
	Each Accident	
	\$100,000	
P2	Personal Injury Protection Coverage (See Policy Schedule for Limits.)	
D	Comprehensive Coverage	\$16.93
G	Collision Coverage - \$250 Deductible	\$28.94
H	Emergency Road Service Coverage	\$4.56
U	Uninsured Motor Vehicle Coverage	\$37.52
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$250,000 \$500,000	

Total premium for OCT 06 2017 to MAR 11 2018. \$197 .89 This is not a bill

IMPORTANT MESSAGES

Replaced policy number 1105075-37.

Your total renewal premium for SEP 11 2017 to MAR 11 2018 is \$229.84.

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET -
FORM 9837B, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU
WITH ANY SUBSEQUENT RENEWAL NOTICE.
6091T CERTIFICATE OF GUARANTEED RENEWAL.
6128BL AMENDATORY ENDORSEMENT.
6937B-2 AMENDATORY ENDORSEMENT.

Agent: RORY WOLD INSURANCE AGENCY INC
Telephone: (541)773-1404

State Farm Mutual Automobile Insurance Company
PO Box 5000
DuPont, WA 98327-5000

82628-1-P MUTL VOL

DECLARATIONS PAGE

NAMED INSURED
AT2 001165 0058
BATTEN, TRAVIS R
405 CREEK RD
TALENT OR 97540-9622

37-2134-1 P A

POLICY NUMBER 065 0652-F10-37C
POLICY PERIOD OCT 06 2017 to DEC 10 2017
12:01 A.M. Standard Time

STATE FARM PAYMENT PLAN NUMBER
0195078015

AGENT
RORY WOLD INSURANCE AGENCY INC
2019 AERO WAY STE 101
MEDFORD, OR 97504-9789

PHONE: (541)773-1404 or (541)773-1423

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
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YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
1997	TOYOTA	4 RUNNER	SPORT WG	JT3HN86R4V0085719	603H50M000

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A P2	Combined Premium	\$56.17
A	Liability Coverage	
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$250,000 \$500,000	
	Property Damage Limit	
	Each Accident	
	\$100,000	
P2	Personal Injury Protection Coverage (See Policy Schedule for Limits.)	
D	Comprehensive Coverage	\$11.68
G	Collision Coverage - \$250 Deductible	\$20.59
H	Emergency Road Service Coverage	\$1.89
U	Uninsured Motor Vehicle Coverage	\$15.51
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$250,000 \$500,000	

Total premium for OCT 06 2017 to DEC 10 2017. \$105.84 This is not a bill.

IMPORTANT MESSAGES

Replaced policy number 0650652-37B.

Your total renewal premium for JUN 10 2017 to DEC 10 2017 is \$297.32.

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET - FORM 9837B, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU WITH ANY SUBSEQUENT RENEWAL NOTICE.
6091T CERTIFICATE OF GUARANTEED RENEWAL.
6128BL AMENDATORY ENDORSEMENT.
6937B.2 AMENDATORY ENDORSEMENT.

Agent: RORY WOLD INSURANCE AGENCY INC

Telephone: (541)773-1404

Printed: OCT 13 2017

2134-AE6

State Farm Mutual Automobile Insurance Company
PO Box 5000
DuPont, WA 98327-5000

65610-1-A

MUTL VOL

DECLARATIONS PAGE

NAMED INSURED
AT2 37-2134-1 A A
000771 0058
BATTEN, TRAVIS R
405 CREEK RD
TALENT OR 97540-9622

POLICY NUMBER 274 2245-A12-37E
POLICY PERIOD OCT 06 2017 to JAN 12 2018
12:01 A.M. Standard Time

STATE FARM PAYMENT PLAN NUMBER
0195078015

AGENT
RORY WOLD INSURANCE AGENCY INC
2019 AERO WAY STE 101
MEDFORD, OR 97504-9789



PHONE: (541)773-1404 or (541)773-1423

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
1978	FORD	F150 SUPER	PICKUP	X14HKAJ6781	603H50M000

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A P2	Combined Premium	\$72.94
A	Liability Coverage	
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$250,000 \$500,000	
	Property Damage Limit	
	Each Accident	
	\$100,000	
P2	Personal Injury Protection Coverage (See Policy Schedule for Limits.)	
D	Comprehensive Coverage	\$5.05
G	Collision Coverage - \$250 Deductible	\$12.02
H	Emergency Road Service Coverage	\$2.82
U	Uninsured Motor Vehicle Coverage	\$23.23
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$250,000 \$500,000	

Total premium for OCT 06 2017 to JAN 12 2018. \$116.06 This is not a bill.

IMPORTANT MESSAGES

Replaced policy number 2742245-37D.

Your total renewal premium for JUL 12 2017 to JAN 12 2018 is \$217.75.

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET - FORM 9837B, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU WITH ANY SUBSEQUENT RENEWAL NOTICE.
6091T CERTIFICATE OF GUARANTEED RENEWAL.
6128BL AMENDATORY ENDORSEMENT.
6937B.2 AMENDATORY ENDORSEMENT.

Agent: RORY WOLD INSURANCE AGENCY INC
Telephone: (541)773-1404